



Indiana State Psychology Board

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Governor Mitchell E. Daniels, Jr.

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Indiana Board of SW/MFT/MHC
Indiana Professional Licensing Agency
402 West Washington Street, Rm 072
Indianapolis, IN 46204

Attn: Bertha Muenks, MSW, ACSW, LCSW
Board President

Dear Ms. Muenks,

Thank you for your correspondence of October 23, 2006 in response to the revised Restricted Psychology Test list (RTL) that was provided recently for your review and comment. Our interpretation of your letter is that the position of the Social Worker, Marriage and Family Therapy, and Mental Health Counselor Board remains essentially unchanged from that expressed in previous communications.

The Psychology Board's task, as clearly defined by statute, is to establish, maintain, and update the RTL (IC 25-33-1-3(g)). We agree that the guidance offered in the statute directing the establishment of the RTL is very limited. We approached the task from two major decision points. First, does a test meet the definition of psychological test (IC 25-33-1-14(b)), or would it be more accurately defined as an instrument of appraisal (IC 25-33-1-2(a)). To the best of our ability, instruments of appraisal were not included on the RTL. Second, might the misuse of a test result in significant danger to the public if improperly administered or interpreted (IC 25-33-1-3(g))? We assume that most can agree that the "dangerousness" of any given test does not literally reside in the instrument. Rather, this concept refers to the potential consequences to those

being examined should error occur. In order to address this question, we considered several variables including:

1. what does the test measure;
2. with what population is the test typically used;
3. what demographic, language and cultural variables may impact selection and administration;
4. what type of data does the test yield;
5. in what situations is this data most likely to be used;
6. to whom is the data most likely to be communicated;
7. what are the potential negative outcomes to the examinee should the test be incorrectly selected, scored, interpreted or applied?

The Psychology Board has made diligent effort to be responsive to comments not only from your Board but other concerned groups. In response to this feedback, the revised list was considerably shortened and updated, given the original list was first developed in the late 1990's. We understand that you object in principle to the formation of any list. We anticipate, therefore, that any and all items on any proposed list that the Psychology Board offers for consideration will continue to be challenged. If this is indeed an accurate reflection of your position, this leaves us in the regrettable position of having little basis for constructive collaboration or compromise.

We see this impasse as arising from a persistent confabulation of two very different questions pertaining to the issue of psychological testing. Fundamentally, these questions are: (1) what items legitimately should constitute the RTL, and (2) who is qualified to independently engage in psychological testing? Historically, we have been unable to engage your Board meaningfully in any discussion of the first question, and your comments have been almost exclusively directed toward the latter topic. Once again, this issue is raised in your letter referenced above. While we fully appreciate your position that the ability to independently engage in psychological testing should ideally be based on competence and not degree or license, as regulatory boards we do not have the power to change or to ignore the law. At present, only licensed psychologists endorsed as Health Service Providers, unless specifically exempted, may engage in unsupervised use of psychological tests.

A related, and from our perspective more serious, concern arises from the position taken in your letter regarding the assertion that many of your licensees (if not all by virtue of initial licensure) are already competent to independently

engage in psychological testing as a result of their training and experience. Thus, they should not be restricted in any manner from pursuing this aspect of mental health service delivery. It is of grave concern that this position seems to imply tacit endorsement of engaging in practice outside current legal boundaries.

While better methods for assessing clinical competence would be welcomed by all, the method currently in use is the process of licensure. Meeting criteria for licensure holds all applicants to a uniform standard and involves careful scrutiny that all necessary academic degree completion, supervised practice, examination results, and professional standards for behavior are in order. These standards are developed to insure that all licensees possess the minimum necessary skills and experience to independently practice their profession in relationship with the consumer public and exist for the purpose of providing oversight and safety to that public.

We are hopeful that you do not intend to suggest that unlicensed practice is acceptable, and that should you discover that any of your licensees are engaging in such unlicensed practice they will be promptly and appropriately disciplined. We would appreciate greater clarification of your comments and position and look forward to your response.

Cordially,

Stephen Ross, Psy.D., HSPP
Chairperson
Indiana Psychology Board

SR/MGB

CC: Senator Patricia Miller

Steve Carter, Attorney General / Attn: Susan Gard

Governor's Health Liaison

SW/MFT/MHC Board Members